

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

9/834307

FILING DATE

APPLICANT(S)

7/1/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			7/1/05							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.		IND.	DEP.
1							51		/						
2							52		/						
3							53		/						
4							54		/						
5							55		/						
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42		/					92								
43	/						93								
44		/					94								
45	/						95								
46		/					96								
47		/					97								
48		/					98								
49		/					99								
50	/						100								
TOTAL IND.							TOTAL IND.	6							
TOTAL DEP.							TOTAL DEP.	43							
TOTAL CLAIMS							TOTAL CLAIMS	49							

BEST AVAILABLE COPY